## Request for Approval Montana Big Sky Pathways (Programs of Study)

The Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) calls for states to offer "career and technical programs of study," known as **Big Sky Pathways** in Montana, as an option to students and their parents when planning for and completing future coursework. These programs, at a minimum, must:

- Incorporate and align secondary and postsecondary education elements,
- Include academic and CTE content in a coordinated, non-duplicative progression of courses,
- Offer the opportunity, where appropriate, for secondary students to acquire postsecondary credits, and
- Lead to an industry-recognized credential or certificate at the postsecondary level, or an associate or baccalaureate degree.

## **Assurances**

By my signature at the bottom of this form, I assure that the Big Sky Pathway submitted for approval by this high school meets all of the following criteria.

	Name of High School:				
Names of Lead Teacher and Counselor:					
The Lead Teacher will be contacted if OPI has questions about this request Lead Teacher's email address:  Phone number:					
Name of College:					
Na	mes of College Lead Faculty Member and Advisor:				
1.	Includes all state and local graduation requiremen				
2.	Identifies the appropriate secondary CTE, academic, and recommended elective courses offered by this high school which will prepare the student for college-level courses without remediation				
3.	Outlines a non-duplicative sequence of courses from grades 9-12 and from secondary to postsecondary education				
4.	Prepares students for entry into a postsecondary program or apprenticeship				
5.	Leads to an industry-recognized credential, degree or employment				
6.	Includes appropriate state standards and/or industry skills standards.			Identify standards:	
7.	Aligns with a program offered by a Montana two-year community college or college of technology.			Identify college: Identify program:	
8.	Links with a web-based guidance delivery system such as MCIS.		If using something other than MCIS, please indicate:		
9.	When applicable, dual enrollment opportunities had identified. This includes dual credit courses, and only courses offered at the high school, at the col	college-credit lege, or online		Identify course(s):	
10.	When applicable, Advanced Placement courses an statewide articulations have been identified.	d CTE Identify		Identify cou	rse(s):
	Principal's Signature:		•		Date:
High	School Advisory Committee Member's Signature:				Date:
	College Chief Academic Officer's Signature:				Date:
(	College Advisory Committee Member's Signature:		Date:		Date:
	Please submit this Request for Approval	form and a copy	of the Big	n Sky Pathwa	v to:
i	OPI, Career and Technical Education, P.C				
OPI Specialist Approval: Date of Approval:					
Both the college and the high school will receive a signed copy when the BSP is approved					